

**ESSEX HEALTH DEPARTMENT**  
29 West Avenue P.O. Box 98 Essex, Connecticut 06426  
860-767-4340 FAX 860-767-8509

**APPLICATION TO MODIFY / REPAIR AN EXISTING SEPTIC SYSTEM**

**FEE SCHEDULE:**      **RESIDENTIAL \$30.00**      **COMMERCIAL/INDUSTRIAL \$50.00**

**LOCATION:** \_\_\_\_\_ **MAP:** \_\_\_\_\_ **LOT:** \_\_\_\_\_  
                         **NUMBER**                      **STREET**                      **TOWN**

**REASON FOR REPAIR**

<b>AGE OF SYSTEM:</b> _____ <b>YRS</b>	<b>SYSTEM FAILURE:</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>ADDITION/RENOVATION</b>	<b>FAILURE MODE:</b>
<b>USE CHANGE</b>	

<b>RESIDENTIAL - NO. BEDROOMS:</b> _____	<b>EXISTING TANK:</b> _____
<b>COMMERCIAL - DESIGN FLOW :</b> _____	<b>EXISTING LEACHING:</b> _____

**PROPOSED MODIFICATION (USE BACK OF FORM OR SUBMIT PROPOSAL DRAWING):**

**TANK:** \_\_\_\_\_  
**LEACHING:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

<b>INSTALLER NAME:</b> _____	<b>ENGINEER NAME:</b> _____
<b>ADDRESS:</b> _____	<b>ADDRESS:</b> _____
<b>LICENSE NO.:</b> _____	<b>LICENSE NO.:</b> _____

**PERMIT TO MODIFY / REPAIR AN EXISTING SEPTIC SYSTEM**

**PERMIT NUMBER:** \_\_\_\_\_ **DATE FEE PAID:** \_\_\_\_\_ **CK. NO.** \_\_\_\_\_

**TEST PIT INFORMATION**

**DATE:** \_\_\_\_\_ **SOIL CONDITIONS:** \_\_\_\_\_

**SPECIAL CONDITIONS**

____ <b>WATER/SEWAGE RESTRICTION</b>	____ <b>SITE PREPARATION</b>
____ <b>OCCUPANCY/USE RESTRICTION</b>	____ <b>WELL RELOCATION/RETEST</b>
____ <b>CURTAIN DRAIN / FOOTING DRAIN</b>	____ <b>OTHER:</b> _____

**COMMENTS**

**Sanitarian Approval:** \_\_\_\_\_  
**Carol L. Speer, R.S.**                      **Date** \_\_\_\_\_